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LEADING ARTICLES

THE CLINICAL PICTURE OF KORSAKOFF'S DISEASE NOW AND IN 1886.*

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The intent of this paper is not to offer something new; it is to place before general physicians an old subject not generally understood; to contend that the clinical picture of Korsakoff's disease, with only a little embellishment, is the same today as it was twenty-one years ago when classically presented to us by Korsakoff's first contribution.

REMARKS SUGGESTING WRITING THIS PAPER.

Recently, my friend Dr. J. W. Perkins, in reporting a very interesting case of acetone poisoning to the Kansas City Academy of Medicine, frankly said he did not know what Korsakoff's disease was when, in the discussion of the case, I called attention to the trend of mental symptoms corresponding to the syndrome of Koraskoff's disease.

In showing case 3 of this paper to a specialist friend he remarked: "this is a disease in which we can say alcohol is not a cause." The fact is that a large per cent, perhaps two-thirds or three-fourths of the cases, are caused by alcoholic poisoning.

Discussing the symptomatic and pathologic substratum underlying Korsakoff's disease at a meeting of our county society a professor of neurology in a state university flatteringly consoled us with the information that the redeeming feature of the disease was that it never invades cranial structures, therefore never developed mental symptoms.

In 1888 Korsakoff gave us his first clinical description. Since then between two and three hundred cases have gone on record. Many, many cases have come and gone unreported, thus demonstrating this morbid condition as being too frequent to go unrecognized by up-to-date medical men.

I have seen a number of these cases committed to the asylum as insane and the diagnosis premitted to remain unchanged. After recovery in one of the cases some surprise was manifest to think that recovery from a true dementia was possible when in fact the so-called dementia was a simple amnesia. It should be remembered that amnesia here is only a symptom much like it is in aphasia. On the other hand, true dementia is a destruction of the faculty of thought, having to do with cortical mind tissue.

CAUSE OF KORSAKOFF'S DISEASE.

Dr. E. W. Schauffler referred a case to my clinic in 1891 due to lead toxemia, notwithstanding that the characteristic product of lead poisoning is purely a motor paralysis and the most active lesion of Korsakoff's disease is a lesion of the afferent sensory neuron.

On my service in St. Margaret's Hospital, a miss of 18 years had, prior to admission, been given Fowler's solution by her country physician to be taken in increasing doses for chorea. Severe arsenical poisoning resulted in typical Korsakoff's disease, simulating the alcoholic form. I have seen a case each following diphtheria, scarlet fever and mumps.

Korsakoff's disease is always due to some poison or infection. Excessive use of alcohol heads the list. Pneumonia, grippe, typhoid, puerperal and other forms of sepsis are active causes. Dr. Perkins' case of acetone poisoning, reported to the Kansas

*Read at the meeting of the Medical Association of the Southwest, San Antonio, Texas, November. 1909.

City Academy of Medicine, presented an unmistakable clinical picture of Korsakoff's syndrome, though this significance passed unnoticed until I called attention to same. If there have been other cases due to acetone poisoning I have not seen the reports.

THE CLINICAL PICTURE.

This is practically unchanged since Korsakoff's first report in 1888 excepting the additional, carefully studied cases showing but few or no peripheral symptoms. That is, where the neuronic inflammation seems to be limited to intracranial territory, causing mind symptoms only.

As a historical illustration I beg to present a case record made by me in 1886, twenty-three years ago, two years before Korsakoff's first publication. This case was admitted to my service in the Long Island Home of New York for Mental and Nervous Diseases. Its careful study indicates that this seemingly new disease was simply an old and frequently encountered disease which we failed to specifically classify. When Korsakoff drew his picture many of us, for the first time, saw the diagnostic light reflect into our skeleton closets. This is one of my old extractions:

Case No. 1.—Severe form with both mental and peripheral symptoms. Male, age 36 years. Family history, negative. Personally he had been strenuously active in business and a gentlemanly alcoholic in habits. He suffered no specificity.

Six months prior to admission, after alcoholic excess, he had pain in his great toes. His feet swelled, toes were red, glossy and very painful. Pain extended along the deep nerve trunks of legs and thighs. The hands felt "creepy" and numb. A diplopia developed. His disposition was whimsical, fretful, imaginative, suspicious and hypersensitive. His memory tricked him into mis-statements, confusions and embarrassing contradictions. His legs became so painful as to confine him to bed. The mental condition assumed a delirium. He was irrational, cried much and required constant watching to keep him in bed. The active delirium gave way to a semi-comatose state of muttering, picking at the clothing and constantly trying to pull imaginary hair entanglements off of his fingers. His legs became useless. He could not stand alone nor support his weight when assisted. His arms were weak and frequently he would roll limp and helpless out of the bed. The sphincters were normal. The stuporous semi-coma was followed by active delusions and hallucinations of hearing. Sounds were imagined or misinterpreted. His diplopia added to his confusion. At times he disremembered his family. When his wife stood by the bed he saw two wives and said he was twice married. The next minute he would forget the joke or even that he had a wife or a home and would ask to go home.

The mental condition caused him to be committed to the Home as insane under the laws of New York.

Examination by me.—Disorientation as to time and place is complete. Says he has come to Saratoga, then he is at home, then he says he has just returned from a walk in the garden; he enjoyed the flowers and the birds. In fact it is winter and snowing. One minute he thinks I am an old friend and tries to get his gloves off to shake hands with me when he has no gloves on. Again he thinks I am some one else. He sees friends from the window and hears them speak to him. His memory for all recent events is obliterated; the hour, the day, the week, the month, the year are all forgotten; has not seen his wife for a month, still she is near him in the room. Cannot remember what he had to eat for lunch; thinks he did not eat anything.

The diplopia has disappeared. Pupils react to light and accommodation. Has wrist drop and uses arms but little. Fumbles and tries to remove imaginary hair or gloves from his hand. Fingers are tender and glossy. Fore-arm and triceps reflexs are absent. Knee jerks, tendo-achilis and plantar reflexes are absent. Inability to flex the feet on the legs. Legs are flaccid and show beginning atrophy. Considerable anesthesia, analgesia, blunting of the muscle sense and breaking up of the thermal sense Deep pressure of nerve trunks is painful.

Thigh muscles are not atrophic and he can stand on his knees but cannot stand or support himself on his legs. Quadriceps extensor and other thigh muscle react to the faradic current.

The calf muscles of both legs react to the faradic current. The peronei and anterior tibials do not respond to the faradic current and only respond to the galvanic current with anodal plus, showing marked reaction of degeneration.

The patient remained under observation three years. He regained the use of his arms and hands. He never could walk on his feet but could get around on his knees and by the aid of his hands. The leg muscles became entirely atrophic. In mind he remained in a degree cheerful, but always confused, never regaining his memory for

the present or recent events Always disoriented as to time and place. Though never able to be out his last conversation was a poetic fabrication, descriptive of a drive along the surf and a walk in the garden of flowers, grasses, trees, and singing birds—such as could only reverberate again in his fabricating dreams.

Case No. 2.—Having no typical objective peripheral symptoms; the mental symptoms predominating.

Male, age 42 years; member of the Senate Family history, good. Personal history—A man of superior mental and physical vigor. No infections Collegiate education. By nature and training, he always did a thing a little better than any one else; better in athletics, better foot ball man, better marksman in shooting score, better after dinner speaker, better "highball" manipulator, a better professional man than his fellows.

For some years he had taken alcoholics socially but never was intoxicated. During the senatorial campaign his was a swift pace of speeches, dinners, drinks, broken rest, hyperenergized strains and personal stress of mind because of bitter criticisms reacting on his gentle and sensitive nature; he worried, slept poorly, and began to forget little things. He would think hard trying to keep in mind commonplace events, grew irritable, fretful and complained of a burning, tingling numbness in both hands and feet, being more offensive in the little fingers and little toes Some darting pains appeared in the toes and perspiration in the feet. His memory became more defective and the mental confusion caused embarrassment to his friends. A diplopia appeared.

To hide the situation on the eve of election, he was sent duck hunting and allowed to sit in a cold, damp "blind;" he shot perfectly, using a "pump gun," killing whole strings of ducks. In wading back to the shore his feet fumbled, he fell down in the water and was thoroughly chilled before reaching camp.

December 6th, 1904, he was admitted to my sanitarium. He shows much depression and weeps on meeting me. He recognizes all friends but remembers badly. He tries to cover the memory defect by trying to do all the talking, thus evading questions and the necessity of an effort to answer them; but the ruse fails as he tells the same things over repeatedly without knowing it. He talks in pseudo-reminiscences in the past, and in confabulatory prattle. He has loss of conception of time—time space; the hour, the day, the week, the month—all are fragmented in memory. His only semi-stable memories are that he is in my sanitarium in Kansas City and that he is under some obligations to attend the senate. Thinks he is here for the sole purpose of freeing the little toes and little fingers from the constant paraesthesia; he would minutely describe it to me forty times a day if he saw me that often, and each time think he had never mentioned it to me before. Excepting the two semi-stable memories, his disorientation is complete. He has a slight diplopia due to weakness of the left external rectus. The knee reflexes are lost. The fore arm and triceps reflexes are present. No special static inco-ordination and only slight tremor of hands.

December 12th.—His amnesia, confusion, and loss of time conception are distressingly complete. At times he is profoundly depressed, weeps and curses his friends for never writing a word to him when he has daily letters from them in his pockets. Self-recognition of his own delusions is partially present and aggravates his depression.

January 7th.—He is much improved. Self-orientation seems complete, is more dignified and less confabulatory in act and speech. The confusion and amnesia are still present in degree but clear to ordinary mental acts, though the thought limitation remains and he diplomatically lets others make the conclusion while he passively affirms it or says nothing. Was discharged under protest to attend the senate session.

February 21st.—Readmitted. Has been attending senatorial duties in a passive way. Got to drinking again but denies it. Is relapsed to about the same condition as he was when first admitted.

March 26.—Again allowed to go home under protest.

April 3rd.—Readmitted with relapse again of mental condition after a night's drinking. Every effort was made to keep alcohol from him, but at 2 a.m. he stole out, went to a saloon, broke the locks, helped himself and positively denied it all. He is pseudo-reminiscent, confabulatory, has loss of time conception, is confused and amnesic —Korsakoff's syndrom.

May 8th.—Discharged with a limitation of mental power in lifting heavy burdens and a slight subjective numbness of lesser toes and fingers, but otherwise seemingly well. Has remained well for three years.

A year later, four years after initial onset, was found dead in bed. Is said to have been drinking some recently.

Case No. 3.—Due to sepsis. Acute onset

with severe mental and peripheral symptoms. Female, age 38 years, mother of four living children, of good habits and previously well. Admitted to my sanitarium October 29th. 1906, with the family physician's diagnosis of insanity.

History: Three weeks ago was taken suddently ill with vomiting, lasting over several days. Temperature reaching 103 and 104. Abdominal symptoms and severe bearing down pains. Emesis became extreme, delirium set in and patient complained in a confused and delusional manner said two people just alike appeared and disappeared together. The temperature remained high, pulse bad, delirium extreme and patient hard to handle.

A chill occurred; investigation of pelvic cavity followed and the uterus emptied of a seven months' putrid fetus. Septic symptoms and temperature disappeared, mental symptoms continuing. The physician, nurse and family assured me she was active and well physically. In going upstairs aided, she was unable to elevate her body weight on her legs from step to step. The toes of both feet dragged along on the level, causing stumbling in walking.

Examination.—Bilateral toe drop, showing paralysis of both anterior tibials; all leg and thigh muscles weak. Tenderness on deep pressure of nerve trunks. Knee jerks, tendo-achilis and plantar reflexes, absent. Anesthesia and analgesia complete below the knees and partial in the thigh. Muscular and thermal sense broken up and static inco-ordination marked. Uses her hands fairly well but occasionally rubs them as if paraesthetic. Has a slight convergent strabismus, with diplopia.

Mentally.—Confusion complete; is unable to reason and differentiate anything. Is entirely disoriented; has no conception of her whereabouts. Remembers nothing and talks pseudo-reminiscently. Forgets what she is trying to say and looks in a blank manner as if lost.

December 18th.—Three days after admission she is unable to stand on her feet and her hands and arms are clumsy—can't feed herself. Rubs her hands and picks at them as if pulling hair off of them. Mentally, has many delusions and hears voices from the ceilings. Says the doctor has not been to see her for two weeks (sees her every day).

December 20th.—Is perfectly helpless can use neither arms or legs. Turns in bed with great difficulty and rolls limp and helpless out of bed if not watched. Says she was out for a walk this morning and enjoyed it, picked some flowers. Is inclined to confabulation for the first time in her conversation. Says she quarreled with her husband this morning. In fact she has not seen him. Thinks no one has been in her room to see her for three days. Has no knowledge of time, day, week, month or years. Is much depressed at times, cries, and tries to unravel delusions. Then she forgets them and talks of visiting with some one and in the next moment complains that no one has been in since yesterday, even to turn her over in bed and rest her.

Says her limbs are broken.

She made gradual improvement mentally and physically and was discharged convalescent February 13th, 1907. Has remained well to date.

These three cases were chosen to illustrate three views of the same disease.

The first case is typically alcoholic and extreme in the destruction of both peripheral and psychic neurons. The paralysis was irreparable under the illy-devised therapy of twenty-three years ago, but little can be expected from any treatment in cases too obscure for diagnosis. He recovered the use of the arms, but the atrophy below the knees was lasting.

Case two was also alcoholic but, excluding the slight paraesthesia and sweating of the lesser toes and fingers and absence of the knee jerks, all the symptoms were referable to involvment of intracranial structures—axonal inflammation confused delusions, disorientation, amnesia, pseudo-reminiscences, fabrications and confabulations.

Case three, caused by sepsis of common origin, touches the interest of every general physician. The irrationality, the wild, active delirium, mind confusion with delusions, making the patient difficult to control, were decisive symptoms. As the delirium subsided confused delusions and hallucinations of hearing, amnesia and disorientation with reminiscent, prattling and fabricating speech took its place. This would seem to warrant a diagnosis of insanity yet, a careful analysis of these symptoms exclude all definite forms of insanity to say nothing of the preponderating physical symptoms which must have been present when we recall the absolute paralysis of all extremities which followed so quickly. The head movement was the only remaining movement unparalyzed yet she made a good recovery. My comment is; had she been sent to an asylum her case would have remained undiagnosed, mistreated, and unrecovered as many have done in the past.

Case two and three both recovered. No

more typical and no more severe cases will ordinarily be met with.

Of twenty cases in private work, fifteen recovered, two died, and three were sent to the asylum because of doubtful prognosis and being too poor to meet the expense. In all recovered cases I question whether the memory is ever as accurate and acute as before the attack. Some of them show a considerable degree of memory limitation. Especially has this been true in some cases attempting to assume responsibilities taxing in memory application for new thoughts and quantitative thoughts.

The prognosis was influenced in proportion to the chronicity and intensity of the attack. Also the promptness and accuracy of diagnosis had a direct bearing on the treatment in checking the damaging progression, cutting it short, therefore, lessening the amount of repair to be done.

Neglect of cases through faulty and procrastinating diagnosis offered opportunity for intensifying the morbid progression and lessened a favorable prognosis proportionately.

The blunder of a diagnosis of insanity and commitment to the asylum has, in my experience, defeated recovery in most all cases.

PRACTICAL RESULTS IN THE SURGERY OF PROSTATIC OBSTRUCTION; WITH PRESENTATION OF PATIENTS AND SPECIMENS.*

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Such questions as the following are often asked concerning the outlook for those suffering from the effects of prostatic hypertrophy with obstruction—that harassing bete noir of advanced life in the male: "Candidly, what are the real, practical results of operative work in such cases? Can much be expected in the way of relief, when the patients are of advanced age, feeble, and well on the downward slop of life's weary way? Should they be subjected to the more or less radical and heroic measures of prostatectomy, with its uncertain outcome, or is it fairer to allow them to eke out the remainder of their 'three score years and ten' in peace and without disturbing them with operative interference?"

It is with the definite object of answering questions of this kind that this contribution is made. It is to be a report of individual patients, briefly relating the principal features and conditions that impelled them to seek surgical relief, giving the reasons for chosing the particular mode accepted, and permitting the patients themselves to indicate what degree of success has been attained by the endeavor. Some of them are practicing physicians, whose personal experiences and opinions should be particularly valuable in the study of the questions at issue.

Case 1.—Mr. Robert C—y, referred on December 11th, 1908, by Dr. R. C. Atkinson, of St. Louis. The point about which there seemed to be the most doubt, at the time of his arrival, was that of his age. He acknowledged to 77, but some of his relatives have maintained that it was 82 or 83. Dr. Atkinson can describe, better than I, the distressing condition of the patient when, a week previously, he was consulted for the relief of the almost complete retention of urine, the intense pain day and night, the unceasing efforts at urination, the loss of sleep and the mental and physical depression that prevailed. The sum of it was that the patient had declared that he would not continue to submit to the intolerable suffering to which he had been subjected, and unless relief were given him he would seek it himself, in someway perhaps not approved.

Catheterization was difficult but on being effected gave sixteen ounces of residual urine, infected, albuminous and uninviting, from a surgical standpoint. With the patient in the hospital, a soft rubber catheter was retained continuously in the bladder for twenty days, securing marked improvement both locally and generally, and bringing about conditions that rendered the subject of operation appropriate for discussion. The patient was unwilling to run the risk of again getting into the condition from which he had been reclaimed; with us, he considered that risk greater than the risk incident to some mode of removal of the prostate, the offending factor. Cystoscopy, meantime, revealed a considerable intravesical globular enlargement of the prostate, but not such as to demand the selection of the suprapubic route. The perineal was chosen because of its safer prognosis and the more comfortable convalescence that it affords. On January 7th, 1909, under ether anesthesia, the prostate herewith shown was removed, in two pieces, the larger one being the left lobe. Double tube irrigation drainage was maintained for the first twenty-four hours, taking care of the somewhat active hemorrhage

*Read before the St. Louis Medical Society.

that occurred in the first few hours after the operation, fulfilling the several needs of drainage and asepsis. The patient was sitting up in bed on the fifth day, the stitches were removed on the sixth, and the drainage tube on the seventh; at which time it was determined that he was emptying the bladder completely. Normal urination through the urethra, without perineal leakage, occurred on January 20th (the thirteenth day after operation); and with the exception of some epididymal irritation, there was no retarding of his progress to recovery.

A year has passed since then; he has regained strength, health and his ability to look after his business affairs. We will now ask Mr. C. to pass out the fluid that we inject into the bladder, and show us the stream now at his disposal. (Exhibited.)

Case 2.—Dr. S. P. S—r, of Nashville, Ill. Age 48. The youthful age of this patient is in marked contrast to that of the preceding one; and there are some features that make this an unusually interesting case.

First conference April 15th, 1909. Gradually increasing difficulty in urination had been noted two years prevously, accompanied by slowing and diminution in the size of the stream, increased frequency, etc. In a drive through the country visiting his patients, he would have to get out of the buggy six or seven times to urinate. Pain and distress connected therewith were considerable. Rectal palpation indicated only a moderate amount of enlargement in that direction, but cystoscopy showed intra-vesical enlargement particularly of the anterior commissure and the right lobe. A moderate degree of contracture at the vesical neck was also included in the diagnosis of the local conditions.

Several applications of the Kollmann deep urethral dilator evoked only temporary improvement; so that in the absence of reasons to the contrary, operation was decided upon. The semi-lunar trans-perineal incision was made (April 30th, 1909), the urethra was opened on a staff, the finger was pushed into the contracted neck but did not enter the bladder until after some stretching with the ureterine dilator. When the forefinger then entered the bladder it discerned the globular projection of the prostate anteriorly and on the right, as previously seen; but suddenly a surprise was furnished in the bursting of a tense cyst contained in that part of the gland; and what had been thought an hypertrophy of the prostate was no more. The cavity that had been occupied by the fluid was appreciable and was felt by several physicians present. No part of the prostate body had to be removed; but it was deemed desirable to contribute to the security of the result by carrying out Chetwood's procedure of electro-incision through the contracture that was plainly evident, and that had already shown its resistance to dilating methods as applied by means of the Kollmann instrument. Recovery followed in due time, and Dr. S has found himself reestablished in his ability to urinate with ease and completeness and without undue frequency. (Stream exhibited.)

Case 3.—Prostatic obstruction and vesical calculi; perineal prostatectomy; recovery.

Mr. B. S—n, St. Louis; age 70. Referred by Dr. Wheeler Davis, May 11th, 1909. Urinary complaints of two or three years standing; slow, difficult and interrupted stream, accompanied with pain both before and after the act. Rectal palpation reveals enlargement of both prostatic lobes but more especially the right. Cystoscopy confirms this finding, and in addition discloses two calculi in the bladder. Residual urine five ounces.

On May 14, 1909, under ether anesthesia (Dr. Leighton) and through the perineal semi-lunar incision the prostate was removed, followed by scooping out of the two stones (specimens shown herewith); double tube irrigation for one day, interrupted irrigation drainage two days, urethral catheter drainage one day, after which drain tubes were removed and the patient began passing urine through the normal channel. On account of a rise in temperature on the 21st it was found advisable to replace the catheter drain for a day or two when it was again taken out, the patient urinating voluntarily through the urethra thereafter, and completely emptying the bladder, as attested by successive catheterizations. Recovery prompt and satisfactory.

Case. 4.—Prostatic hypertrophy with excessive quantity of residual urine; perineal prostatectomy; retarded closure; recovery. Col. Geo. W. D—, St. Louis; age 63; first conference Feb. 25, 1909. Referred by Dr. Wm. M. Baker. The symptomatology of this case, as compared with the findings of the examination, was peculiar and surprising. He said that whereas he had formerly noted some difficulty in urination and had been troubled with night urination for several years, he had latterly been able to urinate quite freely; in fact, it had been growing too free, of late, and he had been unable to hold it as satisfactorily as he desired. Incidentally he had noted some sort

of a tumor in the lower part of the abdomen; painless, rounded, heavy. But, distinctly, there was no complaint about difficulty in urinating at this time. After giving his history, the patient passed about six ounces of clear urine voluntarily, in a slow and retarded stream; after which I inserted a soft rubber catheter and drew off forty ounces of clear residual urine. I believe the patient was even more surprised than I at seeing so large an amount drained out, under the circumstances. Co-incidently, the tumor in the abdomen disappeared. It had been the over-filled bladder. That so large a collection of urine, remaining in the bladder from day to day, could give rise to so little disturbance and could remain clear and sterile all the while, are facts equally difficult to understand.

After a week's preparation, and under ether anesthesia, Dr. Leighton, perineal prostatectomy was carried out, through the usual incision. The cystoscopic finding of prostatic enlargement en collarette was confirmed in the operation; the specimen is exhibited.

The perineal tubes were removed within two days after the operation, a catheter in the urethra being substituted therefor; the patient sat up in bed on the third day, and was passing a good stream through the urethra on the eleventh day. On the thirteenth day, after possibly too much activity, acute epididymitis appeared, affecting the right side, and caused much local disturbance. The perineal wound, which had been closed several days, opened up again, giving issue to pus and urine. It later closed and re-opened a number of times, making an annoying sequence of the operation that was not forcasted in the very rapid progress made in the earlier days following that event. There was no further interference with urination, and the patient passed a good stream and empited the bladder satisfactorily. But the cavity from which the prostate had been removed seemed to form a focus of infection or suppuration and would not fill out. It was injected and curetted and scraped out a number of times, on re-opening in the manner described, but did not attain its final closure until in July, four months after the operation. Since then it has been in satisfactory condition; and the patient will now show you the size and character of the stream that he passes. (Exhibited.)

Case 5.—Dr. J. B. Cary, of Donellson, Ill; practicing physician, 62 years of age at the time of first consultation, July 17, 1906.* On arriving, in 1906, Dr. Cary was found to be seriously affected in several ways: He was emaciated to a striking degree, was the subject of a serious heart lesion, his alimentary tract was in disorder, and his outlook in every respect was far from promising. He afterwards wrote of himself, in the report mentioned, as follows: "Practiced in the country for forty years. Frequency of urination began about seven years ago. There were frequent and severe attacks of cystitis during the past five years, the pain and tenesmus being almost unbearable. I tried irrigation of the bladder and pretty much all of the remedies recommended for this trouble, with only temporary relief. The conditions gradually progressed from bad to worse, until my life became miserable. I became so much emaciated, nervous and broken down in health as to be compelled to give up practice. I was unable to rest night or day, and had continual desire to urinate. Septic absorption began, with vomiting and spasmodic contractions of the muscles of the feet and legs. On July 17, 1906, I was taken to the Deaconess Hospital, where perineal prostatectomy was performed. Five days afterwards I was sitting up in bed, and in three weeks returned home. Since then I have been able to urinate freely and easily, with no pain whatever; and can retain urine from four to six hours. Have gained over thirty pounds since the operation. I am now enjoying better health than for many years."

Case 6.—Contracture at the vesical neck; prolonged symptomatology interpreted as urethral stricture; perineal prostatotomy; hiccough for eleven days; recovery.

Col. J. H. C—f, U. S. Army, retired; age 67. Referred, January 8, 1909, by Dr. R. C. Atkinson of St. Louis.

In former years, beginning about 1887, there had been some urethral trouble, with urinary obstruction which had been diagnosed and treated as stricture for many years; sounds had been passed covering several years; none since 1903. Night urination (one to three times) for the past ten years; stream slow, sluggish and painful, unduly frequent both day and night. Four ounces of residual urine after the voluntary passage of three ounces of cloudy, infected urine. Prostate not appreciably enlarged to rectal feel, but moderate increase in size of the left lobe, apparent through the cystoscope. This not being enough to account for the symptomatology present and the residual urine, the diagnosis of contracture at the vesical neck was reached.

Persistent endeavor was made to avoid the necessity of operating; two months

were consumed in repeated dilatings with the Kollmann instrument, followed by irrigations alternated with prostatic massages and the application of heat and cold by means of the rectal syphon; but all to little or no purpose; the disagreeable symptoms continued or recurred. Therefore on March 3d,1909, a perineal incision was made in the usual manner, the urethra was opened at the apex of the prostate, and the contracture demonstrated with the tip of the finger. The uterine dilator was used to effect an entrance into the bladder of the finger and also of the Chetwood cautery; by means of which two posterolateral electro-incisions were made through the contracted ring of fibrous tissues at the neck, furnishing a free avenue for the passage of the finger into the bladder and after wards of the double drainage tubes, tied together, which were allowed to remain in the perineal wound for irrigation-drainage for the first twenty-four hours and for interrupted drainage for two days longer. These were removed on the third day, and the patient was sitting up in his bed on the fifth. Progress was satisfactory with one exception and that soon became a serious one: On the day following the operation the patient had begun hiccoughing, and although the bowels were kept open at regular intervals and nothing wrong was discovered in the abdomen, the manifestation continued practically all the time the patient was awake, for a period of eleven days. The only interruptions were during the times the patient slept, principally at night, and these were not of long duration. The patient stood the ordeal manfully, did not become excited or nervous about it, and on that account it was not as wearing as it might otherwise have been. Many remedies and plans were tried without avail, until on the tenth day he was brought effectually under the influence of morphine and kept so for twenty-four hours, when there was final relief from this very annoying symptom. He left the hospital on the 17th day. He has since urinated easily and freely, emptying the bladder with the exception of about one dram. To allay an occasional tendency to irritation, he finds it advisable to give himself an occasional irrigation, without catheter, of some mild antiseptic wash.

Case 7. Marked prostatism, with hypertrophy and obstruction; spiculated vesical calculus. Supra-pubic operation; recovery.

Mr. B. S—f; at the time of first conference with Doctors Friedman and Knichel, by whom I was called, Sept. 7, 1905, the patient was 67 years of age (now 72.) He was in an extremely debilitated and emaciated state and suffering severely from the irritative condition connected with difficult urination, urgency and excessive frequency of the act. Dr. Knichel had been giving some relief by irrigating the bladder four or five times each twenty-four hours for the past several weeks. He himself had been in the habit of using the catheter four times in twenty-four hours.

Only a moderate degree of hypertrophy was evident to the palpating finger in the rectum. After passing two ounces of urine voluntarily, six ounces residual were left in the bladder. Cystoscopy was easily carried out at the Jewish Hospital, and a fine view of two pathological conditions was afforded:—First, a rounded, spiculated thorny-looking stone was seen resting on the base of the bladder but freely movable within the organ by means of the cystoscope. (This stone is shown herewith). Next, prostatic overgrowth was observed both on the right side and posteriorly, but none on the left. Through supra-pubic incision, under chloroform anesthesia, on October 2, 1905, both the stone and the prostatic overgrowths were removed, followed by continous irrigation-drainage by the double tube method. Impelled by the desire to hasten the procedure as much as possible, because of the poor condition of the patient, a small nodule of tissue was left on the left lateral lip of the internal urethral orifice. This latter gave some trouble by impeding the outflow of urine through the natural outlet. It was recognized by the cystoscope introduced through the supra-pubic opening, and was dealt with through the same avenue, by means of the operative cystoscope: A cautery-snare was introduced and caused to encircle the tumor, which was then readily burned off and removed.

In the subsequent convalescence the patient regained his health and strength and likewise about fourty pounds of weight. Later, he told me confidentially that his sexual inclinations and power had seemed to be much augmented since the operation.

Case 8. Prostatic hypertrophy with obstruction and severe effects; occasional prolapsus recti; regular catheter life; perineal prostatectomy, recovery.

Mr. C. L. M—r, in July, 1906, when he first came, was 60 years of age; was referred by Dr. Harnisch, of St. Louis. For more than a year previously the patient had noted increasing difficulty in urinating; that it took a longer time both to start and to complete the act; and that there

were spasms and severe pain in connection with it. In March, 1906, he had consulted Dr. Harnisch, who had instituted the regular use of the catheter, which the patient had found necessary to continue several times daily ever since, and to which was added boric acid irrigations, twice daily. But these measures had given only moderate alleviation to his sufferings. It was found that after voluntary urination six ounces of residual urine could always be drawn off; and that this urine was infected, purulent and irritating,and contained much sediment. Introduction of the catheter was becoming more difficult and painful all the time. Examination, including cystoscopy, developed the fact that though there was no prostatic enlargement appreciable to rectal touch, there was enlargement of the prostate in the direction of the vesical cavity, which was producing the obstruction and the six ounces of residual urine; and, in addition, that there were two stones in the bladder, adding their quota to the irritating conditions.

After three weeks of preliminary treatment, perineal prostatectomy was carried out, through the inverted U-incision, and the accompanying stones were removed. Usual drainage and after-treatment. After the fifth day the tubes were out and there was voluntary urination; on the seventh day the patient was walking around, and exhibited an excellent urethral stream; on the thirteenth day he went home, practically well, with the wound closed.

For a while thereafter he found it desirable to give himself an occasional irrigation, without catheter, of some mild, antispetic wash, as favoring the slight vesical infection that was present; since which, I believe, he has had no further trouble with the urinary apparatus.

Case 9.—Obstructive prostatic hypertrophy with complete retention; difficult catheterization; marked albuminuria. Perineal prostatectomy; complete recovery. On November 19, 1907, the patient arrived at the Deaconess Hospital, under the stress of an over-distended bladder which he had been unable to evacuate or even partially empty, for a number of hours previously. The painfulness of this condition of complete retention is, of course, familiar to all present. It had finally convinced the patient of the necessity of having something definite and decisive done for his relief. Dr. R. L. Reber had referred him. Observation and cystoscopy both confirmed the necessity of operative measures; and perineal prostatectomy was decided on. But features that made us hesitate about its early adoption were, first, that the patient had indulged excessively in alcoholics, the effects of which were evident in his general condition; second, there was a large amount of albumin in the urine and also some casts, showing a serious degree of implication of the kidneys as a result of the backward pressure that had prevailed for an indefinite length of time. But these difficulties were overcome by appropriate preparatory treatment; and nineteen days after his arrival he was successfully operated on in the manner mentioned by the perineal route, the usual incision, method of drainage and after-treatment being adopted. On the third day urethral drainage was substituted for the perineal, and on the sixth, all drainage was dispensed with, the urine escaping through both urethra and perineal wound until the thirteenth day, after which it came through the urethra.

In this operation the floor of the urethra had not been broken down or destroyed, as often happens in removing prostatic over growths through the perineal route; the vesical neck had been left so much intact that during convalescence there appeared to be some tendency to tightness on the part of the neck itself; and it was found advantageous to make use of an expedient which I have found useful and beneficial numerous times under such circumstances: That of inserting the deep urethral dilator and stretching the neck well, up to 30 or 35, French. It seems also to assist in molding the newly forming urethra into proper shape and condition. With this carried out a few times, together with occasional washing of the bladder, recovery was satisfactory and complete. Later tests indicated that the bladder was evacuated voluntarily, that the albumin had disappeared from the urine, and the improvement of the patient's general health was proportionately great.

Case 10.—A case that resembles the one last mentioned in respect to the strenuous circumstances and painful conditions in which he arrived, but which I shall allude to only briefly as he is not here to be introduced personally, is the following: Mr. Geo. Fuhrmann, of Roanoke, Mo., brought by Dr. Hawkinson, of the same place. This patient, 65 years of age, had for many months disregarded the accumulating evidences of urinary difficulty, pain and frequency, relying on internal medicines and time to relieve him, until early in January, 1909, when he became unable to pass any urine voluntarily. His nearest physician was called and sought to introduce a catheter, but failed. Prolonged efforts by other

confreres of the same vicinity were alike unsuccessful, and so, also, were the efforts of Dr. Hawkinson and others at Roanoke. Three days thus went by, with the bladder tensely filled with urine, stretched to the umbilicus, and none passing except a few drops at a time, that were squeezed out involuntarily by irresistible contractions of the detrusor muscles of the bladder, and which came on at irregular intervals, irrespective of the patient's efforts. Such was his condition when he arrived on an early morning train, January 28th, 1909, under the conduct of Dr. Hawkinson. To say that he presented a pitiable spectacle, expresses it mildly, indeed. He groaned continually in his agony.

When I say that this patient went through the preparatory and operative treatment adopted, was up and about moderately a week after the operation, was urinating voluntarily through the urethra by the eleventh day, with the perineal wound almost closed; and that he departed for his home, practically well, in exactly twenty-five days from the time of his arrival—the point that I wish to bring out by the presentation of these clinical data and the introduction of these patients is most clearly illustrated. It answers most directly the questions first posed, as to whether real good comes from operative interference in such cases, or whether it is better to palliate and to leave undisturbed the "few remaining years of their allotted time?"

Case 11.—Obstructive prostatic hypertrophy, complete retention; perineal prostatectomy; prompt and complete recovery.

Dr. Alexander Montgomery, of St. Louis, practicing physician; 69 years of age at the time of first conference, in September, 1903 (making him 76 now). His symptoms of obstruction had not been of long standing, but had been severe for a month preceding the first examination—to such a degree, in fact, that he had been dependent entirely on the catheter for regular evacuation of the bladder. A moderate degree of intravesical hypertrophy was discerned by the examination, which included cystoscopy with the retrospective telescope.

After two weeks' preparatory treatment, the patient was operated upon by the perineal method, through the inverted-Y incision, an incision which I have since discarded for the inverted-U, which is considered to be far preferable. The right lobe was first removed, and then the left and median portion together. The wound was sutured except the right-hand angle through which the double-drainage tubes emerged. These were removed in two days, and within four days a good urinary stream was passing through the urethra, with none through the wound; in fact, within a week after the operation the patient was passing nearly all of the urine through the normal route and little if any through the wound. There was no rise of temperature, and the prompt recovery that followed was practically without a troublesome feature. Catheterization later showed that the bladder emptied itself completely at each urination, and cystoscopy disclosed a vesical neck free from projections excepting at one point, the anterior commissure, but which evidently occasioned no impediment to urination.

Case 12.—Henry Hoppe, of Plum Hill, Ill., farmer, was 49 years when he came in April, 1903, sent by Dr. Goodner, of Nashville, Ill. Prostatic hypertrophy and contracture of vesical neck, with marked obstruction (18 ounces residual urine); perineal prostatectomy following dilatation of the neck; recovery.

First conference, April 29, 1903, the patient relating symptomatology dating back a year, and indicative of urinary obstruction. Eighteen ounces residual urine confirmed this; and the remainder of the examination showed it to be from prostatic hypertrophy; the contracture of the neck was not clearly made out until during the operation, at a later date. Following the conference, the patient declined the plan of treatment advised, and consulted some advertising practitioners in North St. Louis, who agreed, so the patient says, to cure him by electricity for $25. The electrical treatment did not prove to be successful; on the contrary, he was soon reduced to complete retention thereby, with repeated chills, high fever (106 temperature) and severe urinary sepsis. He then consulted the Drs. Little, of East St. Louis, who again called me into the case. The condition of the patient was evidently precarious, and no time was lost in getting him into the hospital, inserting and retaining a soft catheter for continuous drainage and frequent irrigation, together with the use of internal antiseptics. In ten days he was in condition for operation, which was done through the perineal route, under chloroform anesthesia (ether proving not to be well supported).

Digital exploration through the perineal incision showed that in addition to the definite enlargement of both lateral lobes of the prostate there was marked constriction and induration of a ring of tissue surrounding the neck, through which the finger could not at first be made to enter. By using the

uterine dilator it was stretched sufficiently to allow the finger to enter and to define the conditions. Wide dilatation removed this feature; and the prostate was removed in two pieces (specimen exhibited).

Convalescence was prompt and satisfactory; the patient, as you see, is robust-looking, has gained thirty or more pounds since then, and has been perfectly well, so far as the urinary tract is concerned.

In first interviews with such patients, the point is often recalled and is often explained to them, that if the condition were prone to remain in the status quo, so to speak, not growing worse but continuing merely to cause the irritating nightly urination, the decreased interval between urinations, the increased duration of urination, etc., the consideration of operative measures could well be questioned, with preference given to the palliative methods. But we know that such is not the case; that the natural and often inevitable tendency is towards further obstruction, increased residuum, ultimate infection of the urine and inauguration of the train of sequences that leads to the so-called "surgical kidney," a term, by the way, that is nothing less than a libel on surgery, since it would not occur if surgery were applied in time to prevent the condition thus designated.

Considering the question from every standpoint, with due candor and fairness; acknowledging a mortality of five, or even six per cent; taking into consideration the fact that the conditions involved pertain more particularly (though not exclusively) to those advanced in life or even the aged, and therefore debilitated; who have, in many instances, lost the courage and confidence that pertains to youth, and deem themselvs lost to all hope of restoration; concede all of these unfavorable features and more, beside, yet the fact remains, I believe, that where operation is required, it is more dangerous to the life, as well as the health, of the patient not to operate than to operate. We can well anticipate the outcome of a negligent attitude toward the growing obstruction. It is almost a certainty, if the condition be one not amenable to the palliative modes of treatment. While if we operate, even under adverse conditions, we have at least ninety chances in a hundred in our favor, for saving both the life and the health of the patient. As a matter of fact, the mortality conceded for prostatectomy pertains especially to the neglected cases, who have declined the benefits of treatment until they have become the subjects of infection, cystitis, pyelitis, pyelo-nephritis and other processes that sap vitality and stability, irrespective of the age of the individual. Prostatic surgery applied in time and in the absence of such undermining conditions, and by those skilled in the performance of the work, has practically no legitimate mortality at the present time. It is the postponing of the application of the remedy that entails and enhances the danger.

Two Simple Methods of Applying the Mettic System.—The first method to which I (Calcolm S. Woodbury, M. D. Clifton Springs, N. Y., in Therapeutic Gazette) shall refer has long been in use but it is so valuable as to be worthy of repetition, as it makes the prescription of all liquid prearations by the metric system absolutely simple to those accustomed to use apothecariess' weights and measures. One fact only must be remembered: 60 Cc.=2ounces. The rule is this: For two-ounce mixtures, prescribed in one-drachm doses, prescribe as many grammes or Cc. of the drug as are desired grains or minims of the drug, to each drachm dose of the mixture. Thus, we wish to give a patient 10 grains of potassium iodide to each drachm dose. We write:

℞ Potassii iodidi 10
Aquae, q. s. ad 60

M. Sig.: 4. (=one drachm) in water after each meal.

We wish to prescribe 10 minims of tincture of nux vomica to each drachm dose of a mixture which also contains the same amount of tincture of digitalis, with compound tincture of cardamom as vehicle. We write:

Tincture nucis vomicae. 10
Tincture digitalis..... 10
Tinct. caradamom comp.q. s. ad 60

M. Sig.: 4. (=one drachm) in water after each meal.

By using two, four, six, and eight ounce mixtures, and multiplying accordingly, the plan is most simple. The second rule is probably not new, though I have not happened to see it mentioned. It relates to the compounding of given quantities of solutions of given strengths. The rule is this: To make a 1:1000 solution, use as many milligrams of the drug as there are Cc. of the solution required. One must remember only that one ounce =30 Cc. Thus, to make one ounce (30 Cc.) of a 1:1000 solution, use .030 of the drug to 30 Cc. of diluent. To make three ounces (90 Cc.) use 0.90 of the drug to 90 Cc. of diluent. To make 8 ounces (240 Cc.) use .240 of the drug to 240 Cc. of diluent. On this basis a given quantity of nearly any of the ordinary strength solutions may be reckoned.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

For a Safe and Sane Independence Day Celebration.

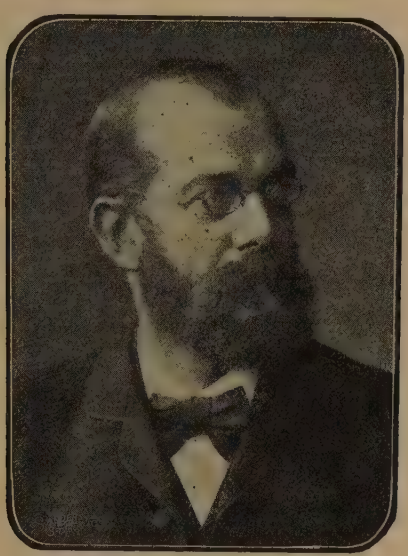
The increasing frequency of tetanus as a complication of injuries received during the modern Fourth of July celebration, and the vast record of the maimed and mutilated have at last awakened the public and the medical profession to the necessity of substituting for the dangerous plan of noise-making something less jeapordizing to life and limb. No one has come forward with a substitute noise producer which is both effective and safe and the effort seems to be entirely directed toward the suppression rather than the supplanting of the giant fire-cracker, the toy pistol and firearms. We have not yet gone so far from youth that we cannot appreciate its enthusiasm in noise; we believe that a fortune and a place in the Hall of Fame awaits the discoverer of a method for its production which can injure no one and annoy only those who object to noise on principle. But powder as a noise producer has fully demonstrated its dangers; it should have no place in a civilized community, except as a protection against the less civilized. Last Fourth it is said that better than 30,000 were reported injured from the celebration, many injuries were not reported. Of these 30,000 many died, many suffered the loss of sight or limb, and not a few were permanently crippled. Many a battle has been waged with less of carnage. The time has come for a halt to be called, and just this is happening; already Washington, Baltimore, Cleveland, San Francisco and many lesser cities have legislated the explosive out of the list of the possible as a means of demonstrating patriotism, and, we understand, the city fathers of our own city have late as last evening issued their ukase against the explosive. This action on the part of our local legislators was a direct result of a movement inaugurated by the physicians of the Medical Society of City Hospital Alumni. Under the auspices of this society a mass meeting was held in the assembly hall of the Central High School on the evening of May 28th. to which the profession and the public generally was invited. Numerous addresses were delivered by men versed in the dangers of the present system of celebration, Drs. Shutt, Scherck and Talbott speaking for the medical profession. Before adjourning the body voted its approval of the safe and sane Fourth plan, and a committee was appointed to further it. The efforts of this committee and of individual physicians and citizens is shown to have been effective in the above mentioned action of the municipal authorities. It now lies with the heads of individual households and adults generally to lend assistance, the police may arrest for disobedience, but the parents can largely anticipate and prevent disobedience.

In spite of all endeavors it is probable that there will be injuries this Fourth; the world cannot be revolutionized in a day, and in this connection we would urge, as a precaution against tetanus, the employment in the case of all powder wounds of immunizing doses of tetanus antitoxin. The St. Louis dispensary physicians were among the pioneers to demonstrate the effectiveness of this serum in these cases; the first year it was used at the Central Dispensary there were no cases of tetanus, and there have been few since it has been employed as a routine measure. It should be quite as regularly used by physicians in private practice.

Death of Robert Koch.

Another of medicine's pathfinders has gone to the undiscovered country. When Koch visited America, but a few years since he had the appearance of a man who need not be apprehensive but that he had still before him many years of activity; his endeavor to secure for himself retirement and quiet was not understood by the American profession, we were anxious to honor and applaud him for his achievements, but we were given little opportunity for more than a glimpse of him. We are impressed at this time, now that he is gone, that he was in all probability then wearied with work and with years. That he might not have been left in peace to go his way on that vacation trip is now a matter for us to regret. But our purpose was to do him honor.

We know of no more certain test of greatness than the way it impresses those who are not fellows in endeavor; if a recipient appreciates a benefit it is certainly doubly blessed. The lay press in America is filled with eulogistic comment on Robert Koch. From these notes we gather that his efforts were tremendously productive of appreciation even outside the profession. It is given to few to make so indellible an impression. The St. Louis Republic speaking editorially of Koch says:



DR. ROBERT KOCH.

"An eloquent American astronomer once characterized the change wrought by the spectroscope in the astronomer's attitude to the mysteries of the stars. He pictured the watcher of the skies standing under the spangled vault, looking up at the wheeling hosts with the steady gaze of comprehending recognition, and saying: 'All hail, Aldebaran, I know thee! Hail, Betelguese, I know thee!'

"No less epoch-making is the work of Robert Koch in another realm—one that touches the burdens of humanity much more nearly than can any knowledge of the stars. Thanks to his researches, humanity can front the deadly apparition of tuberculosis, can face that pestilence that comes to us from Asiatic coasts, with the courage of knowledge instead of the terror begotten by baffling mystery, the panic of the dread unknown. 'I know thee!' says the pathologist of today, in face of these awful foes of the race.

"The first great step in the conquest of disease is to know the foe and locate the seat of his power; the discovery of a specific is the next. It is perhaps not too much to say that the first task is the more difficult of the two, since to take it successfully is to reveal the path along which the curative agent must be sought. Already the prophylaxis of consumption and Asiatic cholera has greatly increased in effectiveness by reason of Koch's bacteriological discoveries; it would be strange if this generation of men should wholly pass without the discovery of specific curative agents.

"This has been a great age in the medical world. Virchow and Koch and Klebs and Loeffler have taken disease out of the thaumaturgic realm and revealed to us its real character. We know now that we are fighting not phantasms created by our own fears or influences of stars or mysterious 'evil airs,' but micro-organisms as in diphtheria and tuberculosis, or degenerate cell growths as in cancer.

Of Robert Koch it may be said that he lengthened the span of human life, substituted knowledge for bewildered ignorance, and buttressed the courage of the race in the reasonableness of the natural order."

Animal Experimentation and Our Knowledge of the Circulation.

The recent announcement that Dr. Jos. Erlanger of the University of Wisconsin is to be head of the Department of Physiology in the medical department of our Washington University has given increased interest to the profession and students in St. Louis and territory tributary in what Erlanger stands for and what he is doing. This has considerably increased his audience for the serial paper which is appearing in the Journal of the A. M. A.* These are days of such strenuous opposition to animal experimentation that is beneficial for us to find out what is really being accomplished that we may be equipped for defense. Vivisection as done by the raw recruit in medicine or else than in the laboratory of a properly equipped institution is rarely of the slightest benefit to man or beast, but when done under the supervision of such a man it is tremendously beneficial.

In the article referred to Erlanger points out how our knowledge of the circulation from the earliest times has been advanced by the use of experiments on the lower animals. When checked by critical clinical observations and painless experiments on man the results of animal experimentation

* Above title, May 21, 28, June 4.

have given us the greater and more valuable part of our practical medical knowledge. The periods of most rapid medical knowledge, from the Hippocratic through the Alexandrian and Galenic down to the modern period, have always been those of greatest activity in this particular direction. In the first part of his paper Erlanger reviews the older contributions to our knowledge of the circulation, showing from the writings of authors of ancient and middle age periods down to Harvey's time, what were the varying views and the gradual approach to a correct knowledge. Even Harvey's demonstration of the circulation of the blood was incomplete, as he had to assume the existence of "porosities of the flesh" in order to account for the passage of the blood from the arteries to the veins. It was four years after Harvey's death (1661) that Malpighi supplied the missing link by following, in the lung of the living frog, the course of the blood from the arteries through the capillaries to the veins. This discovery of the mechanism of the circulation ends the first phase of the physiology of the blood vascular system and begins the second, which has to do with the elaboration of the details of the circulation.

In the commencement of the second part of his memoir, Erlanger begins with extracts from authors giving the views that were standard before the Renaissance, i.e., before the importance of animal experimentation was realized, and compares them with works that are standard today on the same subject. He selects as the work from which to quote the views that were held before the revival of learning, that of Paulus Egineta, which embodied the work of the last vivisectionist before that time—Galen—who was considered by some the first organizer of systematic research in this line. He shows how pre-Harvian treatises differ from modern works in the lack of a clear conception of the function of the parts concerned and the recognition that disease is due to disturbed function. The most important of early works on diseases of the heart is that of Senac (1749). The most striking feature of this work is its modernness, considering the time it appeared. To Senac must be attributed the recognition of the venous pulse as a diagnostic sign. About the same time Morgagni called particular attention to the mechanism of the circulatory disturbances caused by valvular lesions and explained the symptom of cyanosis as a congestion of blood. The clinical methods and their development are next taken up and Erlanger shows that while in a vague way they were employed or hinted at by the ancients, our present use of them is based on the modern conceptions derived from animal experiments. Erlanger goes with detail into our advances in the study of the significance of the methods of inspection, palpation, percussion, and auscultation, showing how they depend for their value on the results of experimental physiology. While the ancients were attracted to certain symptoms, with their lack of knowledge of the structure and functions of the heart and blood vessels obtained by experiment, they could not associate them with specific diseases.

It is only with the light of anatomy obtained by postmortem observations and, after Harvey's demonstration of the circulation of the blood that clinical concepts, as we now know them, began to appear. These are taken up in the third part of his paper which is a review of all that has been gained by the application of the facts made known by vivisection. This has thrown all the light, or at least the greater part of it, on the mechanism, normal and morbid, of the circulation of the blood. To animal experimentation must also be attributed some of the most valuable suggestions in the treatment of cardiovascular disease, such as our more enlightened conception of the use of venesection which has been in the past one of the least understood, though most used, of methods. Today it is indicated in but a single condition, acute cardiac insufficiency occurring in valvular disease or in hypertrophy and dilatation of the heart, to relieve the weakened heart of the strain under which it is working. More is heard today of the reverse of venesection, transfusion, which however is used only as a last resort and is usually substituted for by the use of salt solution infusion into the vessels. The use of massage for resuscitating the heart was also discovered by Schiff in experiments on dogs. The drug treatment of disease of the circulation has been incalculably advanced by experiments, and mnay of our most useful drugs have thus been discovered. In the choice of a heart remedy the physician is largely guided by the results of animal experimentation. The treatment of surgical diseases of the heart has been practically opened by experimental methods. Finally we are reminded that the discoveries made in experiments on the circulatory system, have also had their application in every branch of physiology and medicine. In conclusion Erlanger mentions the lymphatic system, our knowledge of which is altogether due to experiments on animals.

ST. LOUIS ITEMS

Commencements.—The commencement exercises for the Medical Department of St. Louis University were held on the evening of May 31st at the Odean. A large class was graduated. The address of the evening was delivered by Dr. J. J. Walsh, dean and professor of medicine at Fordham University Medical College.

The commencement exercises of Barnes University Medical Department were held in St. Louis, May 16. A class of fifty-one received diplomas from Dr. Alonzo R. Kieffer, dean of the faculty. The doctorate address was made by the Rev. W. J. Williamson.

The commencement of the Medical Department of Washington University is to be held in conjunction with that of other departments during the second week of June. The doctorate address is to be delivered by Dr. W. H. Welch of Johns Hopkins.

Staff Appointments at the City Hospitals.—The recently organized Hospital Board has appointed Drs. Carl J. Luyties, Harvey Mudd, Willis Young, M. G. Seelig, Elsworth Smith and G. C. Crandall, on the staff of visiting physicians for the city hospitals. The six men form the nucleus for a visiting staff of probably 100, the remaining members of which are to be appointed from time to time, as occasion requires. These gentlemen and the Hospital Commissioner, Dr. Morfit, are systematizing the work at the hospitals. Their first duty was the selection of superintendents and resident physicians and the examination of would be internes. The result of their labor in this matter is the selection of the following: City Hospital—Superintendent, Dr. Chas. A. Bauer. Resident physician, Dr. W. R. Hewitt; assistant resident physicians, Drs. C. H. Hobrecht, E. L. Myers, T. K. McAlpin, E. W. Wippo, G. L. Qualls, C. S. McGinnis, R. W. Chamberlin and A. Sewing; internes, M. M. Meyers, G. L. Kerley, J. M. Potts, C. A. O'Connell, A. M. Evetz, W. E. Frank, C. L. LaRue, S. J. Simon, L. Schlenker, L. G. Kizey, L. S. Schumacher, G. A. Griot, R. C. Berry, E. Bullard, R. D. Streeter, H. J. Blount, E. P. Buddy, P. B. Blackburn, O. W. Snodgrass, S. S. Burns, J. B. Morgan, H. F. Craig, A. J. Griot, F. Hagler, H. L. Lamb, B. L. Spitzig, R. M. Lamon, A. E. Funk, W. A. Burg and J. P. Kissel, supplemented by five additional names approved to be put on if Health Commissioner Morfit decides they are needed, as follows: C. H. Wackenfeld, F. P. Cowdin, R. M. Hardaway, H. W. Fay and M. H. Muller.

Female Hospital—Resident physician, Dr. Rotter; assistant resident physicians, Drs. T. P. Brooks, W. D. Davis and R. E. Hogan; internes, J. D. James, G. W. Flynn, L. M. Callaway, C. M. Ming, and L. A. Millikin, J. L. Price, M. I. Kaplan and L. B. Bitz.

Infirmary—Resident physician, Dr. H. R. Hill; assistant resident physician, Dr. C. R. Castlen. No internes appointed.

Sanitarium—Superintendent, H. S. Dr. Atkins, incumbent, is resident physician by provision of the ordinance. Assistant resident physicians, Drs. D. L. Fish, G. A. Jones (holdover) and R. F. Bellaire. No internes appointed. There were no applicants for internes and one position as assistant resident physician is vacant.

A Memorial Meeting in Honor of Dr. Byron Robinson was held at the Whitney Opera House, Chicago, on Suday afternoon, May 22d. Professor Charles R. Van Hise, president of the University of Wisconsin, presided, and Dr. William A. Evans, Commissioner of Health, delivered the address.

The Medical Association of Texas.—At the recent annual meeting of the association, held in Dallas, the following officers were elected to serve for the ensuing year: President, Dr. J. T. Moore, of Houston; first vice-president, Dr. A. B. McReynolds, of Stamford; second vice-president, Dr. W. A. Harper, of Austin; secretary, Dr. Holman Taylor, of Fort Worth; treasurer, Dr. O. A. Smith, of Texarkana.

The Association of American Physicians.—The twenty-fifth annual meeting of this association was held at the New Willard Hotel, Washington, D. C., on May 3d, 4th and 5th, under the presidency of Dr. Henry Hun, of Albany, N. Y. The officers elected were as follows: President, Dr. F. Forscheimer, of Cincinnati; vice president, Dr. J. George Adami, of Montreal; secretary, Dr. George M. Kober, of Washington; recorder, Dr. Solomon Solis Cohen, of Philadelphia; treasurer, Dr. J. P. Crozer Griffith, of Philadelphia; councillor, Dr. George Dock, of New Orleans. Dr. Albion W. Hewlett, of Ann Arbor, Mich., Dr. E. Lipman, of New York, and Dr. Frederick T. Lord, of Boston, were elected active members, and the following were elected associated members: Dr. Thomas R. Boggs, of Baltimore; Dr. John Howland, of New York; Dr. Leo Loeb, of Philadelphia; Dr. Wilder Tileston, of New Haven, and Dr. Augustus B. Wadsworth, of New York.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

Osler's Modern Medicine; Its Theory and Practice. In original contributions by American and Foreign authors. Edited by Wm. Osler, M. D., Regius Professor of Medicine in Oxford University, England, etc., assisted by Thomas McCrea, M. D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes. Philadelphia and New York: Lea & Febiger. (Price, per volume, $6.00.)

The seventh or final volume of Osler's Modern Medicine elaborates on diseases of the nervous system with the incorporation of a general index. The contributors are all men of recognized ability and well qualified to write on the respective subjects. Each chapter is well balanced and an experience of good judgment. On the whole the volume equals its predecessors in every respect, therefore, a repetition of comment is unnecessary. A word of praise is also due the publishers towards the eminent success of this literary undertaking.

The Diseases of the Skin. A Manual for Students and Practitioners. By Alfred Schalek, M. D., Professor of Dermatology, University of Nebraska, etc. New (2d) edition, thoroughly revised. 12mo., 255 pages, with 47 engravings. The Medical Epitome Series. Philadelphia and New York: Lea & Febiger, Publishers, 1910. (Cloth, $1.00, net.)

The excellence of this concise manual as a means of reviewing the subject in preparation for examinations or of refreshing the memory on unusual points, is attested by the absorption of several printings of the first edition and now by the demand for a complete revision. As heretofore the volume is a brief presentation of the practical essentials of dermatology which admirably supplements the larger text-books and reference works, though not intended to fill their place. During the interval since its original publication, dermatology has made great strides, especially in a better knowledge of cutaneous pathology and in enrichment with new therapeutic measures. In this new issue, every page has been carefully revised, obsolete matter has been omitted, and new material added. A umber of new illustrations have been inserted.

Spondylotherapy; Spinal Concussion and the Application of Other Methods to the Spine in the Treatment of Disease. By Albert Abrams, A. M., M. D,, F. R. M. S., Consulting Physician to the Mount Zion and French Hospitals, San Francisco, etc. Illustrated. San Francisco, Cal.: The Philopolis Press.

This unique book deals with the subject of spinal therapy, a branch of medical science which hitherto has received but little attention by the profession; due probably to the fact that the results obtained by exploiters of spinal manipulation were considered mainly of a psychic nature. The author clearly demonstrates that the cures effected by osteopaths, chiropractors and the like, are in reality due to reflexes acting on the various viscera resulting from stimuli applied to the different spinal vertebrae. We apologize that we are not in a better position to pass criticism on a pioneer work of this kind. The volume is original with many illustrations to elucidate the text. The author certainly deserves much credit for placing a publication before the profession which is an entirely new diagnostic and therapeutic departure. Abrams has long enjoyed the reputation of being an able writer and a conscientious observer and we feel that a work of this kind emanating from his pen is deserving of every consideration and should inspire others to test the merits of "spondylotherapy."

Sprays for Coryza.—

Mentholis.....grn. viij
Camphorae.....gr. v
Petrolati liq.....fl.3j
M. Sig.: Use as a spray.

Adrenalini chloridi.....3j
Cocainae hydrochloridi.....grn. j
Solutio salis (8 per cent).....fl.3ij
M. Sig.: Use as a spray two or three times daily.

The patient should lie down for a few minutes after using this spray and should remain indoors for some time afterward.

Sodii salicylatis.....3ii
Sodii chloridi.....3ii
Sodii bicarbonatis.....3ii
M. Sig.: A teaspoonful in one-half pint of water and use as a spray.

Hydrogenii peroxidi.....fl.3j
Hydrargyri chlor. cor.....grn.j
Zinci sulphocarbolatis.....grn. xx
Aq. dest.....fl.3v
M. Sig.: Use as a spray after cleansing.
—Exch.

Ulcer of the Leg.—Schultze finds that camphor gives the best results in ulcers of the leg. The following are his prescriptions:

Pulvis camphorae.....℥ss
Zinci oxidi .....℥viss
Adipis.....ad ℥ij
Or:

Pulvis camphorae.....℥ss
Zinci oxidi.....
Olei olivarum.....aa ℥iij
—N. Y. Med. Jour.

MISCELLANEOUS ABSTRACTS.

C. W. HEPBURN, M. D.

Is Congenital Cataract Caused by Dystocia?—Dr. George Edward Barnes reports, in Medical Record for Feb. 19, 1910, a case of congenital cataract in the hope that the history of future cases may be more carefully investigated for the purpose of clearing up the causation. The patient was born less than five years ago. The labor was very long, and the head appeared in occipitoposterior presentation. The child was slightly asphyxiated and was resuscitated by hot and cold plunges. The cranium was much compressed. He was perfectly formed, but weighed only 5½ pounds. During the first month he was not at all well, was emaciated, and had a few mild convulsions. Nothing unusual was noticed about his eyes until after a week or longer. Then the pupils were observed to be slightly gray. There were also internal strabismus and general nystagmus, caused probably by the presence of the cataracts. The gray color of the pupils gradually become lighter. The case has been treated by oculists by several discissions which have removed the lenses with the exception of small segments on their equators. The child has never had any constitutional disease. As soon as the brain pressure symptoms disappeared, i.e., after the first month, he gained very rapidly in weight. He is as observing as a child with his eyes can be. Mentally he has been very alert and bright Concerning this case there is the interesting question whether the cataracts were caused by injuries sustained during dystocia. It seem more than probable. May it not be that the moulding of the head by the great and prolonged pressure so increased the intraocular tension that the lenses were repeatedly forced along the line of least resistance forward and, with the irides, into the anterior chambers, the result being that the suspensory ligaments or capsules were so injured that the lenses did not continue to receive their lymphatic nutrition and became opaque?

The Futility of Administering Antirheumatic Remedies in Certain Cases Suffering from Painful Joints.—In a joint paper in Therapeutic Gazette for March 15, 1910, Drs. H. R. M. Landis and Chas. H. Muschlitz quote McCrae: "To apply the term 'chronic rheumatism' to certain ill-defined joint changes is only misleading; call them arthritis, and then there is no suggestion that they have anything to do with rheumatic fever. The use of the word 'rheumatism' to describe any ill-understood pain, muscular, arthritic, synovial, or neural, is a diagnostic sin for which no good word can be said." Their experience has been that with but few exceptions this statement is correct, and that cases of so-called 'chronic rheumatism' have an anatomical defect, either in the joint itself or a disturbance in the mechanism controlling the joint functions. Furthermore, in every case of chronic joint trouble a chronic sepsis should be kept in mind and the portal of entrance sought for. This may be the genito-urinary tract, the tonsils, the nasopharnyx, the teeth, or a tuberculous or other chronic pulmonary lesion. Then, too, the relief afforded some of the patients from regulation of the gastrointestinal functions makes it seem probable that the primary source in some instances is connected with the alimentary tract. Among the more common mechanical disturbances causing vague pains may be mentioned weak or flat feet, knock-knee, loss of physiological spinal curves, or disease of the spinal column, etc. The authors report a series of cases of flatfoot, functional scolosis, osteoarthritis of the spine, rheumatoid arthritis, and sacroiliac and lumbosacral sprains, not for the purpose of indicating the treatment of these various forms of arthritis in detail, but to emphasize the fact that only rarely, if at all, does prolonged pain in a joint mean chronic rheumatism. It is needless to say that salicylic acid and allied drugs have no place in the treatment of these conditions; at best their use affords but temporary relief. To properly treat these cases, a thorough physical examination is essential in order to determine whether the pain is dependent on a functional or an anatomical defect, and in the latter event to ascertain, if possible, whether the joint trouble is secondary to a chronic suppurating focus.

Some Remarks on Compensatory Diarrhea.—Discussing this form of diarrhea, in Medical Record for Feb. 19, 1910, Dr. Geo. N. Niles adopts Dr. Henrich Stern's classification of types as both correct and complete: "First, diarrheas which are concomitant with deficient or perverse catabolic processes. Second, diarrheas which are consequences of functional or structural diseases of certain excretory organs. Third, diarrheas occurring during the period of systemic physiological decline." As illustrative of the first type may be mentioned the diarrheas of gout, Addison's disease, diabetes, goiter, and, according to some authorities, pellagra. The second form of

compensatory diarrhea may present itself as a concomitant of impaired renal function, or as the result of extensive burns, especially those over the abdomen. The third may be observed, not infrequently, in the diarrheas of old people where the evacuations are not only exhausting but rather grateful in their effects. In all these forms of compensatory diarrhea the discharges from the bowels consist in the main of "incompletely or perversely catabolized substances, or catabolic products normally excreted by other emunctories." It may also represent certain toxic states of the blood with secondary elimination of toxins through the intestinal mucous membrane. It should be remembered that it is possible for an irritative diarrhea to occur simultaneously with one of a compensatory nature, or that secondary inflammatory lesions of the intestinal mucosa may merge this beneficial drainage into an exhausting process; and it can be readily understood how the passage of these toxins from the blood, plus other excremetitious substances, may intensify the diarrhea, and transform the disturbance into one of a non-compensatory character. Viewing compensatory diarrhea as a factor for good, its chronicity may be welcomed. To a certain extent it fills the same useful place as the safety valve on a steam engine, "popping off" when the pressure gets dangerously high. When in, the several conditions mentioned, this bodily safety valve shows its ability to "pop off" at intervals, the probability of a sudden fatal terminatin is much lessened. As a general rule, when the physician feels that this compensatory process is well established, he may venture a much more favorable prognosis as to the danger of fatal dyspnea, convulsions, or coma, and may hold out to his patient the hope of a material prolongation of life. Regarding the treatment there is little to be said, as the very name compensatory stamps it as a salutary phenomenon, and on that should not be interfered with unless there is a weighty reason.

You couldn't raise the hope of some people with a derrick.

Sciatica.—

Cocainae hydrochlor	grn. j
Morph. hydrochlor	grn. j-viij
Sodii chloridi	grn. j
Acidi carbolici	*m* j
Aquae	q. s. ad ℥j

M. Sig.: Inject 10 or 15 drops deeply into tissue along course of nerve.—Medical Recorder.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

Gossip is due to the fact that the world contains more talkers than thinkers.

"The man who can talk most sagely about national finance is generally a soap box orator."

Drug Therapy in Arteriosclerosis.—Todd is cited in the journal de medecine de Paris as favoring the use of veratrum in the treatment of arteriosclerosis on account of its efficacy in lowering arterial pressure. He prescribes it in the following combination:

Tinct. of veratrum viride	*m*xlv
Pulverized digitalis	
Pulverized squills	aa gr. xxx
Strychnine nitrate	gr. $\frac{1}{6}$
Pulverized ginger	3i

M. ut fiant cachet No. 30.

Sig.: One cachet to be taken every four, six, eight or twelve hours, as needed.

MEDICAL MEMORANDA.

For Sale.—Waite & Bartlett's static machine, Harvard operating chair, an American and Shelton vibrator, surgical instruments, Griffith's folding microscope, revolving instrument case, Smith-Premier typewriter with desk, revolving book stands, and two roller-top desks. Address 3401 Washington Ave. Telephone Bomont 589, St. Louis, Mo.

The Remedial Value of Iron.—Amid all the doubt that modern skepticism and therapeutic nihilism have aroused in the professional mind, in regard to the medicinal or drug treatment of disease, we have yet to hear any question as to the distinct value of iron in anemic, chlorotic and generally devitalized conditions. This metal is, indeed, the physician's mainstay in such cases and cannot successfully be omitted or replaced. There does exist, however, considerable difference of opinion as to the method of administering iron and as to the most generally eligible preparation of same. The tincture of the olden times, prepared from iron filings, has in these later days, been superseded by the less irritant and more tolerable preparations introduced into modern pharmacy. Among such products none has seemed to be so generally acceptable and promptly assimilable as the organo-plastic form represented by Pepto-Mangan (Gude). The ferruginous element in this preparation exists as a true peptonate, in combination with organic manganese, iron's side-partner in reconstructive blood therapy. It is palatable, readily tolerable, quickly absorbable and assimilable and entirely free from irritant or constipating effect. Pepto-Mangan (Gude) rapidly restores vigor to the circulating fluid and because of its blandness and ready tolerability is especially valuable in pediatric practice.

Abbott's Twin Salines.—In the last dozen years or so scores of effervescent products have come into the market, following at short intervals the output of that justly popular one known as Abbott's Saline Laxative. But this prototype of them all still remains uppermost in the discerning doctor's regard; he continues to use it in his own family and to prescribe it for his patients, regardless of the numerous just-as-good preparations that are repeatedly urged upon him.

The average practitioner of the present day is always ready and willing, as he should be, to prove or disapprove the value of a new therapeutic agent, but he is quick to reject what he finds is a mere make-believe bolstered up by nothing but printed adjectives.

So, in connection with effervescent products, through a period of fifteen years each new one has been studiously compared with Abbott's Saline Laxative only to be found wanting. The chemist of the substitutor has not been able to devise a saline quite as satisfactory—one that is so regular in its action and so pleasant to take.

Another reason why it ranks first is that its formula is open and its exploitation ethical, which cannot be said of all products of this class.

In costiveness, constipation, biliousness and all conditions in which a regular and complete emptying of the alimentary tract is called for it renders excellent service; its regular use tends to keep the bowel clean and clear of objectionable food residue.

Another top-notch product is Salithia. A host of practitioners are using it today, and find it to be a very effective eliminant in all disorders dependent on an excess of uric acid in the system. In addition to chemically pure magnesium sulphate it contains lithium carbonate and colchicine in correct proportions. It has been found that rheumatism, gout, myalgia and a host of kindred complaints yield to this remedy as they do to no other.

The Abbott Alkaloidal Co., of Chicago, will be pleased to send samples of the above products, and literature pertaining to them, to any practising physician on request.

MEDICAL SOCIETY CALENDAR.

Colorado State Medical Society, Colorado Springs, October 11.
Idaho State Medical Association, Boise, October 6-7.
Indiana State Medical Association, Fort Wayne, September 29-30.
Kentucky State Medical Association, Lexington, October.
Medical Association of the Southwest, Witchita, Kas., October 11-12.
Medical Society of the Missouri Valley, Council Bluffs, Ia., Sept. 1 and 2.
Michigan State Medical Society, Bay City, September 28-29.
Minnesota State Medical Association, Minneapolis, October 6-7.
Mississippi Valley Medical Association, Detroit, Mich., September 13-15.
Nevada State Medical Association, Lake Tahoe, Cal., September.
Oregon State Medical Association, Portland, July.
South Dakota State Medical Association, Hot Springs, October.
Utah State Medical Association, Salt Lake City, September.
Washington State Medical Association.
Western Surgical and Gynecological Association.
Wisconsin State Medical Society, Milwaukee, June 22-24.
Wyoming State Medical Society, Casper, September 27.

THE MONTH'S MAGAZINES

A Man of Few Words.—Mr. Jones who is a man of few words, went into a music store to buy some music for his wife.

"Mikado libretto," he said to the clerk.

The clerk stared. "What's that?" he asked.

"Mikado libretto," said Jones again.

"Me no spik de Italian," said the clerk.—June Lippincott's

Mark Twain.—It is a tribute to Mark Twain's originality and spontaneity that he has never had an imitator. During a career reaching back almost to the second series of the "Biglow Papers," he has held the primacy as master of both gentle and ironic wit. Other humorists have come and gone, but he has remained a standard, national and, with all his flavor of the soil, unprovincial. He was in his way as truly American as Abraham Lincoln.—June Century

St. Nicholas.—There are nine serial features now running in St. Nicholas —six stories, De Witt Clinton Falls's "Leaves from the Journey Book," and Palmer Cox's and Mrs. Ruth McEnery Stuart's series of jingles. In addition to the June chapters of these serials and plenty of short stories and verse, the June St. Nicholas will have much interesting information for its young readers about comets in general and the Halley Comet in particular. "Nature and Science" will discuss the broad subject of comets in a way young readers can easily understand; and A. Russell Bond will tell the story of Halley's Comet, and just where and when to see it, with reproductions of a number of photographs taken by Professor Barnard.

New Idea Woman's Magazine.—The June number of the New Idea Woman's Magazine embodies much of the spirit of summer. Beautifully illustrated and with pages exquisitely decorated it is one of the most attractive of the month's periodicals. Among the special articles are several of unusual quality. One of these is "Yesterdays—for My Boy" by Helen Peck and another is "The difficult Art of Becoming a Mother-in-law" by Katherine Hoffman. Mabel Potter Daggett writes about famous chefs of New York, the "Kings of the Kitchen" who direct the cuisines of great hotels and millionare palaces. F. G. Moorhead tells of the possibilities of "Farming for Women," and Anne Rittenhouse philosophizes on the subject "When a Girl Marries." Many other features complete an interesting number.

The Annual Fourth of July Killing.—It may surprise many a citizen to know that a very rational and earnest movement against the use of fire-works on Independence Day is now in its seventh year; nor is it universally realized among us how many of our children have, by reason of these yearly celebrations, suffered the most cruel death known to medical science. Were any such emotion possible in the English breast, that of satisfaction for the loses and humiliations endured by England in the war for Independence,—at least so far as human life is concerned,—could hardly be more thoroughly justified; for, taking no account whatever of our national losses of many decades past, but only of those incurred in the last three yearly celebrations and in the metropolis alone, we find that 1339 have been killed and injured,—more than the casualties in the Revolutionary battles of Lexington, Bunker Hill, Fort Moultrie, White Plains, Fort Washington, Monmouth, and Cowpens combined. Nor have these losses been among fighting men, but rather among little children; and of the latter wounded on Independence Day many that have not died have nevertheless been dreadfully maimed and disfigured for life.—From "Independence Day,—The Modern Moloch," by John B. Huber, M. D., in the American Review of Reviews for June.

George Kennan who for thirty years has made, through magazine articles and lectures, notable contributions to the world's knowledge of political revolution and official oppression in the Russian empire. The June Century publishes the first of the three articles by Mr. Kennan on "The Revolution in Russia," a review of events since the "Bloody Sunday" of January, 1905. The first article presents specially "Revolution and Counter-Revolution." George Kennan went to northeastern Siberia as an explorer and telegraphic engineer in 1865, and for the next three years was superintendent of construction on the middle division of the Russo-American Telegraph Line. The years from 1877-1885 he spent investigating the Russian exile system in Siberia. The story of his findings (published in The Century May, 1888—April, 1890) shocked the civilized world. The articles were published in book form, and the book, "Siberia and the Exile System," has been a standard for many years, and has been issued in all the principal languages of Europe, including Russian—although it has been on tne Russian black-list ever since it was published. In a recent revival of forbidden literature, during a temporary abolition of the censorship, this book was printed in several different translations, and ran serially in two Russian magazines. During all these years Mr. Kennan has kept in touch with Russian affairs. He corresponds with many eminent Russians connected with the revolutionary movement, and is a regular reader of Russian daily newspapers and magazines.